

		FORM TITLE TORT CLAIM REPORTING FORM		FORM # CL-03 (1/06)		PAGE 1 OF 1	
Insurance Reserve Fund P.O. Box # 11066 Columbia, SC 29211 (803) 737-0020				Date:		Policy#:	
				Type of Loss:		Phone#:	
				Insured (Entity):			
				Address:			
ACCIDENT	DATE & TIME OF ACCIDENT OR LOSS		A.M. P.M.	LOCATION OF ACCIDENT (including city & state)		POLICE DEPT. TO WHOM REPORTED	
	DESCRIPTION OF ACCIDENT OR LOSS (Use reverse, if necessary)						
PROPERTY DAMAGE	OWNER			ADDRESS1		HOME PHONE	
	DESCRIBE PROPERTY (if auto, make, year, etc.)			ADDRESS2		WORK PHONE	
	DESCRIBE DAMAGE			WHERE CAN PROPERTY BE SEEN?			
	REPAIR ESTIMATE?						
INJURIES	NAMES		AGE	ADDRESS		EXTENT OF INJURY	
	(1)						
	(2)						
	(3)						
	(4)						
WITNESS	NAMES		ADDRESS				
	(1)						
	(2)						
REMARKS (Use other side if more room needed.)							
IDENTITY OF ENTITY EMPLOYEE MOST KNOWLEDGEABLE OF INCIDENT							
HIS/HER PHONE							
BEST TIME TO REACH							
SUIT	IS CLAIM IN SUIT?						
	SUIT NO.			CLAIMANT'S ATTORNEY			
	WHEN SERVED?			PHONE NO.			
	DATE REFERRED TO INSURANCE RESERVE FUND?			SIGNATURE			